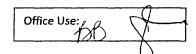


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 4/4/2016		
	Type: New Amended (if amending, enter MEC ID CI 5	1095 & section cha	anged)
2.	Committee Information		
	DAVID GRT FOR MISSOURI		
	2736 W WASHITA ST SPRINGFIELD	MD 65807	1417) 766-5862-
	Commiltee Mailing Address City State & Zin Telephone Number		
	CHILID CONTINUES EMBI ADDRESS	County Clerk or Board of Election Commission	ERK SHAVE SCHOELLE
		AC) Debt Service Expl	oratory Political Party
3.	Treasurer/Deputy Treasurer Information		
٠.			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Treasure 2 moning, can cas, acc, acap		The state of the s
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
_	Additional Committee Information		
4.	A R F A I D A A F A I T	AND THE STATE OF T	
	Additional Confinement of the Co	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
5	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on t	oack) No
J.	Official Bank Account Mornation (required by an committees)		· · · · · · · · · · · · · · · · · · ·
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
		()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7	Ballot Measure Supported or Opposed (campaign committees mi	ust complete this section)	
٠.	Bandt Measure Supported of Opposed (Campaign Committees in	ust complete this section;	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Warn a but	Mand alix	
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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